

# Department of Agriculture, Trade and Consumer Protection

# Motor Vehicle

## To Businesses:

We encourage consumers to use this form when they first contact you with a problem.  
Please take this opportunity to promote your business by quickly working out this dispute.

### 1. How do we contact you?

Name: (Mr. Mrs. Miss Ms.) \_\_\_\_\_  
(circle one) (first) (middle) (last)

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ ext. \_\_\_\_\_ Email: \_\_\_\_\_

Phone me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Best time: \_\_\_\_\_

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### 2. What business is your complaint against?

Name of business or repair shop: \_\_\_\_\_

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Name of person you talked to: \_\_\_\_\_ Title: \_\_\_\_\_

### Information about your complaint

3. Date of transaction: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_
4. Type of vehicle involved: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
VIN#: \_\_\_\_\_
5. At the time of the repair, was the vehicle covered by a salvage certificate? ..... Yes ☐ No ☐
6. How did you deliver your vehicle to the shop? ☐ Drove it in ☐ It was towed ☐ It was towed and I was along
7. What repairs did you ask the shop to do? \_\_\_\_\_
8. Were instructions written on the original repair order? ..... Yes ☐ No ☐
9. How did you first order the repairs? ☐ By telephone ☐ In person, by speaking to a shop representative  
☐ By written instructions ☐ Other, explain \_\_\_\_\_
10. Did you receive a price estimate before the work was started? ..... Yes ☐ No ☐  
If yes: List amount of estimate \$ \_\_\_\_\_  
Was the estimate written on the original repair order? ..... Yes ☐ No ☐  
Did you sign the estimate section of the work order? ..... Yes ☐ No ☐
11. Did you receive a copy of the original repair order before repairs were started? (enclose copy if available) ..... Yes ☐ No ☐
12. Were additional repairs performed? ..... Yes ☐ No ☐  
If yes: List the additional repairs: \_\_\_\_\_  
Did the shop provide a new total estimate for all repairs? ..... Yes ☐ No ☐  
Did you approve the additional repairs? ..... Yes ☐ No ☐  
How did you approve? ☐ By phone ☐ In person
13. In your opinion, did the shop: Recommend repairs that were not needed? ..... Yes ☐ No ☐  
Make repairs without permission? ..... Yes ☐ No ☐  
Force you to pay for repairs that were done without your permission? ..... Yes ☐ No ☐  
Fail to return replaced parts upon request? ..... Yes ☐ No ☐  
Charge for repairs that were not made? ..... Yes ☐ No ☐  
Charge for repairs that were not needed? ..... Yes ☐ No ☐  
Fail to perform the repairs in a satisfactory manner? ..... Yes ☐ No ☐  
Refuse to honor a written guarantee? ..... Yes ☐ No ☐



14. Was the final repair bill (excluding sales tax and towing) more than the amount you authorized? ..... Yes ☐ No ☐

15. List the amount of the final repair bill: \$ \_\_\_\_\_ (excluding sales tax and towing)

16. When repairs were finished, did you receive a final invoice itemizing the parts and labor? (enclose copy if available) Yes ☐

No ☐

17. Did you contact the business \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_ What happened? \_\_\_\_\_

18. Have you filed this complaint \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Agency name? \_\_\_\_\_ What happened? \_\_\_\_\_

19. Have you contacted a \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Have you started \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ private attorney? \_\_\_\_\_ court action? \_\_\_\_\_

20. Describe your complaint in detail. (Please provide copies of any papers, including the invoices, contracts, proof of payment, warranties.) Attach additional sheets if necessary. \_\_\_\_\_

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21. How do you feel your complaint should be resolved? (please be specific) \_\_\_\_\_

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This complaint and the information you provide will be used in efforts to resolve your problem and will typically be shared with the party complained against. It may also be used to enforce applicable state laws. Under Wisconsin's Open Records Law, this complaint will be available for public review upon request, after this department's action is completed.

The above information is true and accurate to the best of my knowledge.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form and copies of your papers to our office located nearest to the business:

NORTHWEST REGIONAL OFFICE	SOUTHEAST REGIONAL OFFICE	NORTHEAST REGIONAL OFFICE	SOUTHWEST REGIONAL OFFICE
3610 Oakwood Hills Pkwy	10930 W Potter Rd Ste C	200 N Jefferson St Ste 146A	PO Box 8911
Eau Claire WI 54701	Milwaukee WI 53226-3450	Green Bay WI 54301	Madison WI 53708-8911
(715) 839-3848	(414) 266-1231	(920) 448-5110	(608) 224-4960
FAX: (715) 839-1645	FAX: (414) 266-1235	FAX: (920) 448-5118	FAX: (608) 224-4963

If the business is located outside of Wisconsin return this form to our Consumer Information Center:

DATCP - CONSUMER INFORMATION CENTER  
PO Box 8911  
Madison WI 53708-8911  
(800) 422-7128  
FAX: (608) 224-4939 TDD: (608) 224-5058  
EMAIL: [datcpHotline@datcp.state.wi.us](mailto:datcpHotline@datcp.state.wi.us)  
WEBSITE: <http://datcp.state.wi.us/>